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CONFIRMATION NO. 3635

Bib Data Sheet

SERIAL NUMBER 10/617,728	FILING DATE 07/14/2003 RULE	CLASS 119	GROUP ART UNIT 3644	ATTORNEY DOCKET NO. 003750-039
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/395,354 07/12/2002 *OK KS*

** FOREIGN APPLICATIONS *****

none KS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <i>KS</i>				

ADDRESS

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TITLE

Interactive mobile food dispenser

FILING FEE RECEIVED 467	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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